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DECLARATION — Utility or Design Patent Application

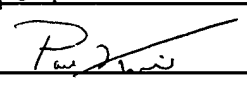

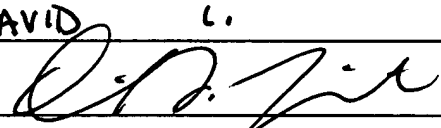
Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name MacLane C. Key					
Address 12329 Antietam Road					
City Lake Ridge			State VA		ZIP 22192
Country USA		Telephone 703-490-8128		Fax 703-490-4740	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) MATTHEW YORK			Family Name or Surname York		
Inventor's Signature Mtth y					Date
Residence: City BLACKSTONE	State VA	Country USA	Citizenship USA		
Mailing Address 410 COLLEGE ROAD					
City BLACKSTONE	State VA	ZIP 23824	Country USA		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Thomas Alfred			Family Name or Surname Largi		
Inventor's Signature Thomas Alfred Largi					Date 8 April 2004
Residence: City Clifton	State NJ	Country USA	Citizenship USA		
Mailing Address VMI Box 80822					
City Lexington	State VA	ZIP 24450	Country USA		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Paul A.		Kuwik	
Inventor's Signature 		Date 4/7/04	
Residence: City	Wexford	State	PA
		Country	USA
Citizenship US			
Mailing Address 317 Bridge Brook Lane			
Mailing Address			
City	Wexford	State	PA
		Zip	15090
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis J.		Crump	
Inventor's Signature 		Date	
Residence: City	Oakton	State	VA
		Country	USA
Citizenship US			
Mailing Address P.O. Box 3070			
Mailing Address			
City	Oakton	State	VA
		Zip	22124
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID L.		Livingston	
Inventor's Signature 		Date 7 APRIL 2004	
Residence: City	SALOM	State	VA
		Country	USA
Citizenship US			
Mailing Address 4927 CHEROKEE HILLS DRIVE			
Mailing Address			
City	SALOM	State	VA
		Zip	24153
Country USA			

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James C.		Squire	
Inventor's Signature <i>James C. Squire</i>		Date 4/6/04	
Residence: City	Buena Vista	State	VA
		Country	USA
Citizenship USA			
Mailing Address 1949 Mountain View Rd			
Mailing Address			
City	Buena Vista	State	VA
		Zip	24416
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
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Mailing Address			
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	MATTHEW YORK
Title	METHOD AND APPARATUS FOR AUTOM
Art Unit	
Examiner Name	
Attorney Docket Number	0010002-00003

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
MacLane C. Key	48,250

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	MacLane C. Key				
Address	MacLane C. Key, Inc				
Address	12329 Antietam Road				
City	Lake Ridge	State	VA	Zip	22192
Country	USA				
Telephone	703-490-8128	Fax	703-490-4740		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	MATTHEW YORK		
Signature	<i>Matthew York</i>		
Date	4/7/04	Telephone	(434) 292 9622

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name	Thomas A. Lurgi, Jr.		
Signature	Thomas A. Lurgi, Jr.		
Date	8 April 2004	Telephone	

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SIGNATURE of Applicant or Assignee of Record

Name	Paul A. Hunk		
Signature	<i>Paul A. Hunk</i>		
Date	4/7/04	Telephone	724-935-2448

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<input checked="" type="checkbox"/>	Firm or Individual Name	MacLane C. Key			
	Address	MacLane C. Key, Inc			
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SIGNATURE of Applicant or Assignee of Record

Name	Dennis J. Crump		
Signature	<i>Dennis Crump</i>		
Date	4/7/04	Telephone	703-715-6184

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SIGNATURE of Applicant or Assignee of Record

Name	DAVID C. LIVINGSTON		
Signature	<i>David C. Livingston</i>		
Date	7 APRIL 2004	Telephone	540 464 7545

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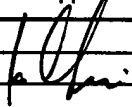
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SIGNATURE of Applicant or Assignee of Record

Name	James C. Squire		
Signature			
Date	4/6/04	Telephone	540 464 7548

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